

PTO/SB/17 (12-04)

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Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number Complete if Known Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Application Number 10/089,182 FEE TRANSMITTAL July 25, 2002 Filing Date **Colin David SILLENCE** First Named Inventor For FY 2005 NGUYEN, D Examiner Name Applicant claims small entity status. See 37 CFR 1.27 2836 Art Unit 2101/50765 TOTAL AMOUNT OF PAYMENT (\$) 650.00 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check Credit Card None Other (please identify): Deposit Account Deposit Account Number: 05-1323 Deposit Account Name: 23911 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 (Attorney Docket No. 2101/50765) WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES SEARCH FEES EXAMINATION FEES Small Entity Small Entity** Small Entity Fees Paid (\$) Application Type Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) 300 150 200 100 500 250 Utility 200 100 100 50 130 65 Design 200 100 300 150 160 80 Plant 300 150 500 250 600 300 Reissue Provisional 200 100 0 2. EXCESS CLAIM FEES **Small Entity** Fee (\$) Fee (\$) Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 Multiple dependent claims 180 **Multiple Dependent Claims** Extra Claims Fee Paid (\$) Total Claims 20 or HP = Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20 Fee Paid (\$) Fee (\$) Indep. Claims Extra Claims - 3 or HP = 1 200.00 200.00 HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Fee (\$) Extra Sheets Fee Paid (\$) **Total Sheets** - 100 = (round up to a whole number) x 4. OTHER FEE(S) Fee Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other: Extension of Time Petition Attached <u>450.00</u>

SUBMITTED BY Registration No. Telephone 202-624-2500 Signature 31,824 (Attorney/Agent) Gary R. Edwards Name (Print/Type) Date January 13, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.